

South Dakota News Telephone Reader Application Form



Name _____
Please print FIRST INITIAL LAST

Address _____

City/State/Zip _____

Home Phone: (____) _____

Are you now receiving services?

Service to the Blind & Visually Impaired (SBVI): yes ____ no ____

S. D. Braille and Talking Book Library (BTBL): yes ____ no ____

Division of Rehabilitation Services (DRS): yes ____ no ____

Applicant's signature:

Upon acceptance of your application, an information packet will be sent which includes your identification number, security code and operation instructions.

Send instruction in:

Braille, ____ ; large print, ____ ; cassette tape, ____ ; computer disk, ____ .

If you are **not** receiving services from SBVI, DRS, or BTBL please complete the following section:

Certification

This portion of the application can be completed by doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, case workers, counselors, rehabilitation teachers, librarians.

I certify that the above named applicant cannot effectively use standard print materials because of the following condition:

Signature _____ Title _____

Phone _____

Please mail to:

Braille and Talking Book Library

800 Governors Drive, Pierre SD 57501-2294

(605) 773-3131 ** 1-800-423-6665**

Fax (605) 773-6962 www.state.sd.us/library/talkbook